

# BUILDING PERMIT APPLICATION

**"ALL UTILITY LINES MUST BE PLACED UNDERGROUND"**

*Date of Application		Date Work Starts	
*Scope of Work			
*Building Address			
*Assessors Parcel No.			
*Lot #	*Subd. Name & Number		
*Total Property Area - Acres or Sq. Ft		*Total Bldg. Site Area Used	
*Owner of Property		Phone	
*Mailing Address		City	
*Architect or Engineer		Phone	
*General Contractor		Phone	
*Business Address		* State Lic. No.	
*E-Mail			
*Electrical Contractor		*State Lic. No.	
*Plumbing Contractor		*State Lic. No.	
*Mechanical Contractor		*State Lic. No.	
*Other		*State Lic. No.	
*Previous Usage of Land or Structure (Past 3 yrs.)			
*Dwelling Units Now on Lot		*Accessory Bldgs. Now on Lot	
*Type of Improvement/Kind of Const..			
<input type="checkbox"/> Sign <input type="checkbox"/> Build <input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Convert Use <input type="checkbox"/> Demolish			
*No of off-street parking spaces		Covered	Uncovered

Receipt No.		Date Issued		Permit No.	
<b>BUILDING FEE SCHEDULE</b>					
Square Ft. of Building			Valuation		
<input type="checkbox"/> 2 <sup>nd</sup> Level			Building Fee		
<input type="checkbox"/> Bonus			Plan Check Fee		
			Water Meter		
<input type="checkbox"/> Rough Basement			1% Surcharge		
<input type="checkbox"/> Finish Basement			Wtr Cap Imp Fee		
Carport sq. Ft.			Sewer Cap Imp Fee		
Garage sq. Ft.			Wtr Acq-In Imp Fee		
Type of Bldg.		Occ. Group		Wtr Acq-Out Imp Fee	
				Temp Wtr. Conn.	
No. of Bldgs.		R Value		Park Imp. Fee	
		Walls    Roof		Safety Imp Fee	
No. of Stories		R    R		Garbage Can Fee	
				Irrig. Wtr. Assess.	
No of Bedrooms		No. of Dwellings		Electrical Fee	
				Moving or Demo.	
Type of Construction				Site Check	
<input type="checkbox"/> Frame <input type="checkbox"/> Brick Vnr. <input type="checkbox"/> Siding <input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Stucco <input type="checkbox"/> Other				S/W Insp. Fee	
Max Occ. Load					
Fire Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No				Total	

Special Approval	Required	Received	Not Req.
Fire Dept.			
Water Or Well Permit			
Sewer or Septic Tank			
Other			

Mobile Home	Hud #	Year

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bond Required    ☐ Yes    ☐ No    Amount \$ \_\_\_\_\_

Plan Chk. OK By \_\_\_\_\_

Signature of Approval \_\_\_\_\_ Date \_\_\_\_\_

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.

\_\_\_\_\_  
\*Signature of Contractor or Authorized Agent    Date \_\_\_\_\_

\_\_\_\_\_  
\*Signature of Owner (Required)    Date \_\_\_\_\_

City Use Only    Minimum Setbacks in Feet			
Front	Side	Side	Rear

Indicate Street If Corner Lot

+

indicate North

**Plot Plan**

(    )

House or House & Garage if Attached

(    )

Street

**NOTE: 24 hours notice is required for all inspections**